

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

RECEIVED

Date Received  
Official Use Only  
MAR - 1 2011

BY: TE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cedillo Gilbert

1. Office, Agency, or Court

Agency Name

State Senate

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_

Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4/50

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed \_\_\_\_\_  
(month, day, year)

Signature \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Gilbert Cedillo

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>▶ NAME OF SOURCE <u>Personal Insurance Federation of California</u></p> <p>ADDRESS (Business Address Acceptable) <u>1201 K Street, Suite 1220</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>4 / 5 / 10</u> - ____/____/____ AMT: \$ <u>54.61</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>dinner at Zocalo</u></p>	<p>▶ NAME OF SOURCE <u>AEG</u></p> <p>ADDRESS (Business Address Acceptable) <u>800 W. Olympic Blvd. Suite 305</u></p> <p>CITY AND STATE <u>Los Angeles, CA 90015</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>3 / 12 / 10</u> - ____/____/____ AMT: \$ <u>170.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>tickets to sporting event</u></p>
<p>▶ NAME OF SOURCE <u>California State Floral Association</u></p> <p>ADDRESS (Business Address Acceptable) <u>1521 "I" Street</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>3 / 23 / 10</u> - ____/____/____ AMT: \$ <u>16.95</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>bouquet of flowers</u></p>	<p>▶ NAME OF SOURCE <u>League of California Cities</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K Street</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>6 / 2 / 10</u> - ____/____/____ AMT: \$ <u>25.88</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>reception</u></p>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Gilbert Cedillo</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>▶ NAME OF SOURCE <u>AgriBusiness Presidents' Council</u></p> <p>ADDRESS (Business Address Acceptable) <u>1521 I Street</u></p> <p>CITY AND STATE <u>Sacramento, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>2 / 17 / 10</u> - <u>    </u> / <u>    </u> / <u>    </u> AMT: \$ <u>46.65</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>reception: food, drink, produce and flowers</u></p>	<p>▶ NAME OF SOURCE <u>California Citrus Mutual</u></p> <p>ADDRESS (Business Address Acceptable) <u>512 North Kaweah Avenue</u></p> <p>CITY AND STATE <u>Exeter, CA 93221</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>2 / 16 / 10</u> - <u>    </u> / <u>    </u> / <u>    </u> AMT: \$ <u>61.80</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>dinner at Citizen's Hotel restaurant</u></p>
<p>▶ NAME OF SOURCE <u>Maersk Inc.</u></p> <p>ADDRESS (Business Address Acceptable) <u>Giralda Farms, Madison Ave, P.O. Box 880</u></p> <p>CITY AND STATE <u>Madison, New Jersey, 07940</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>3 / 18 / 10</u> - <u>    </u> / <u>    </u> / <u>    </u> AMT: \$ <u>80.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Lego Ship Model</u></p>	<p>▶ NAME OF SOURCE <u>Farmers Group, Inc.</u></p> <p>ADDRESS (Business Address Acceptable) <u>4680 Wilshire Blvd.</u></p> <p>CITY AND STATE <u>Los Angeles, CA 90010</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>2 / 24 / 10</u> - <u>    </u> / <u>    </u> / <u>    </u> AMT: \$ <u>28.83</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>lunch at Esquire Grill in Sacramento</u></p>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Gilbert Cedillo

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>▶ NAME OF SOURCE <u>California Medical Association</u></p> <p>ADDRESS (Business Address Acceptable) <u>1201 J Street, Suite 200</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>4 / 26 / 10</u> - ____/____/____ AMT: \$ <u>37.40</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>reception, food an beverages</u></p>	<p>▶ NAME OF SOURCE <u>Latino Caucus Foundation</u></p> <p>ADDRESS (Business Address Acceptable) <u>1127 11th Street, Ste. 606</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>5 / 4 / 10</u> - ____/____/____ AMT: \$ <u>26.80</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>9th Annual Hispanic Heritage event</u></p>
<p>▶ NAME OF SOURCE <u>Personal Insurance Federation of California</u></p> <p>ADDRESS (Business Address Acceptable) <u>1201 K Street Suite 1220</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>6 / 22 / 10</u> - ____/____/____ AMT: \$ <u>33.92</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>dinner at Zocalo</u></p>	<p>▶ NAME OF SOURCE <u>AT&amp;T Inc</u></p> <p>ADDRESS (Business Address Acceptable) <u>208 South Akard Street</u></p> <p>CITY AND STATE <u>Dallas, TX 75202-4206</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>6 / 15 / 10</u> - ____/____/____ AMT: \$ <u>326.58</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>two tickets to the Los Angeles Lakers game</u></p>

Comments: \_\_\_\_\_